



APPLICATION FOR EXAMINATION FOR COSMETOLOGIST, MANICURIST AND SHAMPOO OPERATOR LICENSE

State Form 15969 (R6 / 11-02)

Approved by State Board of Accounts, 2002

INDIANA PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, IN 46204-2700
(317) 234-3031
www.PLA.IN.gov

Please check one:

☐ Cosmetologist ☐ Manicurist ☐ Shampoo Operator

CANDIDATES SHALL BE ADVISED OF LICENSE FEE WITH NOTIFICATION OF PASSING THE EXAMINATION. Attach a photograph.

Social Security number *

* Social Security number is requested by this agency in accordance with IC 4-1-8-1, and is mandatory that it be given. Social Security numbers are available to the Indiana Department of Revenue.

PART A: IDENTIFYING INFORMATION (to be completed by applicant)

Name of applicant (first, middle initial, last)

Age

Maiden name

Date of birth (month, day, year)

Telephone number

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Permanent mailing address (number and street, city, state, ZIP code)

County

PART B: PRELIMINARY EDUCATION

Circle the number of years completed:

1 2 3 4 5 6 7 8 9 10 11 12

Received GED?

☐ Yes ☐ No

Date (month, year)

Name of grade school:

Address (number and street, city, state, ZIP code)

Dates attended (month, year)

Graduated:

Name of high school:

Address (number and street, city, state, ZIP code)

Dates attended (month, year)

Graduated:

PART C: STATEMENT / NOTARY CERTIFICATE

Have you ever committed an act for which you could be disciplined under IC 25-8-14?

☐ Yes ☐ No

If the answer is Yes, please describe the act on a separate sheet and attach to this application.

I certify that I personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying or for disciplinary action against the license which may be issued.

NOTARY CERTIFICATE (SWORN OATH)

STATE OF _____

COUNTY OF _____

SS:

I, _____, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant

Signature of Notary Public

Printed or typed name of applicant

Printed or typed name of Notary Public

Date subscribed and sworn to Notary Public

County of residence

Date commission expires

PART D: TO BE COMPLETED BY COSMETOLOGY SCHOOL OFFICIAL

Name of student

Enrolled in what type of training?

Name of cosmetology school

License number

Address of cosmetology school (number and street, city, state, ZIP code)

PART D: TO BE COMPLETED BY COSMETOLOGY SCHOOL OFFICIAL
(continued)

Dates attended: (month, day, year)

From:

To:

Total credit hours earned:

Course completed?

☐ Yes ☐ No

Final examination grades:

Practical: _____

Written: _____

Final examination date (month, day, year)

Graduation date (month, day, year)

PART E: COSMETOLOGIST TRANSCRIPT OF TRAINING

1. THEORY AND DEMONSTRATION (In hours)

HOURS		HOURS		HOURS	
	Anatomy and physiology		Statute and rules		Hair removal
	Chemistry		Management		
	Electricity		Manicuring		
	Facials and makeup		Permanent waving and chemical processing		
	Hair		Salesmanship		
	Hair coloring: temporary, semipermanent, permanent, bleaching and frosting		Sanitation		
	Haircutting		Scalp treatments		
	Discretionary hours		Shampooing		
	Hair styling: hair waving, hair pressing, fingerwaves, wet and thermal sets, and hair braiding.		Skin		
			Pedicuring		

Total hours of theory and demonstration practice

Signature of school official

2. ACTUAL PRACTICE (In hours)

HOURS		HOURS	
	Facials and makeup		Hair removal
	Haircutting		Permanent waving and chemical scalp treatments
	Hair coloring		Shampooing
	Hair styling		Pedicuring
	Manicuring		Salesmanship
	Scalp treatments		

Total hours of actual practice

Signature of school official

PART F: SHAMPOO OPERATOR TRANSCRIPT OF TRAINING

1. THEORY AND DEMONSTRATION (In hours)

HOURS		HOURS	
	Personality development		Statute and rules
	Salesmanship		Sanitation
	Shampoo rinsing		Scalp treatments
	Hair coloring (weekly color rinse)		Discretionary hours

Total hours of theory and demonstration practice

Signature of school official

2. ACTUAL PRACTICE (In hours)

HOURS		HOURS	
	Salesmanship		Shampoo rinsing
	Scalp treatment		Weekly color rinses

Total hours of actual practice

Signature of school official

PART G: MANICURIST TRANSCRIPT OF TRAINING

1. THEORY AND DEMONSTRATION (In hours)

HOURS		HOURS		HOURS	
	Sanitation		Chemistry		Nail techniques
	Statute and rules		Discretionary hours		Pedicuring
	Manicuring		Anatomy and disorders		Salesmanship
					Electric drill / file

Total hours of theory and demonstration practice

Signature of school official

PART G: MANICURIST TRANSCRIPT OF TRAINING (continued)

2. ACTUAL PRACTICE (In hours)

HOURS

____ Nail techniques
 ____ Pedicuring
 ____ Electric drill / file

HOURS

____ Manicuring
 ____ Salesmanship

Total hours of actual practice _____

Signature of school official _____

PART I: SCHOOL CERTIFICATION

I do hereby certify and declare this transcript of training and the required Official Progress Book to be correct and accurate records of the progress of the student enrolled at the school of cosmetology named below, and meets the requirements of the State Board of Cosmetology Examiners.

STATE OF _____

COUNTY OF _____

SS: _____

Subscribed and sworn to before me this _____ day of _____

Signature of school official _____

Printed or typed name of school official _____

Signature of Notary Public _____

Printed or typed name of Notary Public _____

Notary county of residence _____

My commission expires: _____

ATTACH A PHOTOGRAPH THAT IS AT LEAST
 2" X 3" IN SIZE TO THE AREA BELOW.

